

COMMUNITY APPLICATION FOR ADULT MOSQUITO CONTROL - ANNE ARUNDEL COUNTY- 2003

The community of _____, located in Anne Arundel County, applies to be included in the cooperative mosquito control program for the 2003 season. The community agrees to allow access by MDA personnel to conduct mosquito control activities¹. The community agrees to assist mosquito control efforts by promoting good land use planning and community clean-ups to reduce areas of stagnant water that provide habitat for larval mosquitoes. The **community will provide to MDA a map of the community area** to be included in the mosquito control program. In the event of a dispute regarding the operation of the mosquito control program, the community will assist MDA to mutually resolve the dispute.

MDA Representative

Ms. Patricia Ferrao, Entomologist
Maryland Dept. of Agriculture
50 Harry S. Truman Parkway
Annapolis, MD 21401

Community Representative

Name : _____

Address: _____

Phone # : _____

Signature (MDA Representative)

Signature (Community Representative)

PLEASE TYPE OR PRINT.

Community Name : _____

Address : _____

Name of the Community Contact : _____

Telephone Number of Contact Person: _____

Attach an ADC Map of your community highlighting all roads that are located within your community :

☐ Map has been attached (Please Check)

Please mail your application to :

Patricia Ferrao, Entomologist
Maryland Department of Agriculture
Mosquito Control Section
50 Harry S Truman Parkway
Annapolis, Maryland 21401
Phone: 410-841-5870

¹For information on mosquito control activities please refer to the attached "Operating Procedures for Mosquito Control - Anne Arundel County"

MUTUAL EXCLUSION CLAUSE: This agreement can be ended by either the MDA or the above named community at any time.